

**PA-40 2010** (09-10)  
**Pennsylvania Income Tax Return**

PA Department of Revenue, Harrisburg, PA 17129 (FI)

OFFICIAL USE ONLY

**PLEASE PRINT IN BLACK INK. ENTER ONE LETTER OR NUMBER IN EACH BOX. FILL IN OVALS COMPLETELY.**

Your Social Security Number      Spouse's Social Security Number (if filing jointly)

[Social Security Number boxes]

CAREFULLY PRINT YOUR SOCIAL SECURITY NUMBER(S) ABOVE

Last Name      Suffix

[Last Name and Suffix boxes]

Your First Name      MI

[Your First Name and MI boxes]

Spouse's First Name      MI

[Spouse's First Name and MI boxes]

Spouse's Last Name - Only if different from Last Name above      Suffix

[Spouse's Last Name and Suffix boxes]

First Line of Address

[First Line of Address box]

Second Line of Address

[Second Line of Address box]

City or Post Office      State      ZIP Code

[City or Post Office, State, and ZIP Code boxes]

Daytime Telephone Number      School Code

[Daytime Telephone Number and School Code boxes]

**Extension.** See the instructions.

**Amended Return.** See the instructions.

**Residency Status.** Fill in only one oval.

- R** Pennsylvania Resident
- N** Nonresident
- P** Part-Year Resident from \_\_\_\_\_ /2010 to \_\_\_\_\_ /2010

**Filing Status.** Fill in only one oval.

- S** Single
- J** Married, Filing Jointly
- M** Married, Filing Separately
- F** Final Return. Indicate reason: \_\_\_\_\_
- D** Deceased. Date of death \_\_\_\_\_ /2010

**Identification Label Change.**

Fill in this oval if the label is not completely correct. Discard the incorrect label. Fill in this oval if you did not file a 2009 PA tax return.

**Farmers.** Fill in this oval if at least two-thirds of your gross income is from farming.

Name of school district where you lived on 12/31/2010: \_\_\_\_\_

Your occupation      Spouse's occupation

Table with 11 rows for tax items and 11 columns for amounts. Includes items like Gross Compensation, Interest Income, and Total PA Taxable Income.

Side 1

EC      OFFICIAL USE ONLY      FC

[EC, OFFICIAL USE ONLY, FC boxes]

## State Income Tax Return Forms

You can prepare and efile this tax form on efile.com as part of your current Federal and/or State Tax Return on from:

**Early January until mid October**

[You can start, prepare, and efile your tax return now](#)

You will just need to answer a few tax questions and the efile.com tax preparation software will select the correct tax forms for you.



### Attention

**If you missed the mid October efile deadline for the current tax year you have the following options to prepare and file your tax return:**

**1. You can download the State Tax form here:**

<http://www.efile.com/support-state-tax-agency-list/>

**2. Work online on your tax return with an efile Tax Professional**

[Start working with a LIVE TaxPRO](#)

**3. Download Federal tax forms by tax year, complete and mail to the IRS**

[Download Federal Tax Forms](#)

### Free Tax Tools, Calculators and Educators

Head of Household Educator:

<http://www.efile.com/claim-head-of-household-single-qualifying-person-requirement-tax-tool/>

Qualifying Child Dependent Educator:

<http://www.efile.com/qualifying-child-test-qualified-dependent-tax-tool/>

Qualifying Relative Educator:

<http://www.efile.com/qualifying-relative-test-dependent-requirement-tax-tool/>

Earned Income Tax Credit Educator:

<http://www.efile.com/what-is-the-earned-income-tax-credit-eitc-eic-eligibility-schedule-calculator/>

Child Tax Credit Educator:

<http://www.efile.com/how-to-qualify-for-child-tax-credit-deduction-requirements-tool/>

**Got Tax Questions? [Contact efile.com!](#)**

# PA-40 2010 (FI)

Social Security Number (shown first)

Name(s)

12. PA Tax Liability. Multiply Line 11 by 3.07 percent (0.0307). . . . . 12.

13. Total PA Tax Withheld. See the instructions. . . . . 13.

ESTIMATED TAX PAID

14. Credit from your 2009 PA Income Tax return. . . . . 14.

15. 2010 Estimated Installment Payments. . . . . 15.

16. 2010 Extension Payment. . . . . 16.

17. Nonresident Tax Withheld from your PA Schedule(s) NRK-1. (Nonresidents only) . . . . 17.

18. Total Estimated Payments and Credits. Add Lines 14, 15, 16 and 17. . . . . 18.

**Tax Forgiveness Credit, submit PA Schedule SP**

19a. Filing Status:  Unmarried or Separated  Married  Deceased 19b. Dependents, Part B, Line 2, PA Schedule SP. . . . .

20. Total Eligibility Income from Part C, Line 11, PA Schedule SP. . . . .

21. Tax Forgiveness Credit from Part D, Line 16, PA Schedule SP. . . . . 21.

22. Resident Credit. Submit your PA Schedule(s) G-R with your PA Schedule(s) G-S, G-L, and/or RK-1. . . . . 22.

23. Total Other Credits. Submit your PA Schedule OC. . . . . 23.

24. TOTAL PAYMENTS and CREDITS. Add Lines 13, 18, 21, 22 and 23. . . . . 24.

25. TAX DUE. If Line 12 is more than Line 24, enter the difference here. . . . . 25.

26. Penalties and Interest. See the instructions for additional information. Fill in oval if including Form REV-1630/REV-1630A . . . . . 26.

27. TOTAL PAYMENT DUE. See the instructions. . . . . 27.

28. OVERPAYMENT. If Line 24 is more than the total of Line 12 and Line 26, enter the difference here. . . . . 28.  
The total of Lines 29 through 35 must equal Line 28.

29. Refund - Amount of Line 28 you want as a check mailed to you. . . . . REFUND 29.

30. Credit - Amount of Line 28 you want as a credit to your 2011 estimated account. . . . . 30.

DONATIONS

31. Amount of Line 28 you want to donate to the Wild Resource Conservation Fund. . . . . 31.

32. Amount of Line 28 you want to donate to the Military Family Relief Assistance Program. . . . . 32.

33. Amount of Line 28 you want to donate to the Governor Robert P. Casey Memorial Organ and Tissue Donation Awareness Trust Fund. . . . . 33.

34. Amount of Line 28 you want to donate to the Juvenile (Type 1) Diabetes Cure Research Fund . . . . . 34.

35. Amount of Line 28 you want to donate to the PA Breast Cancer Coalition's Breast and Cervical Cancer Research Fund. . . . . 35.

SIGNATURE(S). Under penalties of perjury, I (we) declare that I (we) have examined this return, including all accompanying schedules and statements, and to the best of my (our) belief, they are true, correct, and complete.

Your Signature	Date	E-File Opt Out <input type="checkbox"/> See the instructions.	Preparer's SSN or PTIN
Spouse's Signature, if filing jointly	Preparer's Name and Telephone Number		Firm FEIN

PLEASE DO NOT CALL ABOUT YOUR REFUND UNTIL EIGHT WEEKS AFTER YOU FILE.